

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-033729
STATE FILE NUMBER

Registration District No. 264 Primary Registration District No. _____ Registrar's No. 33

FILED SEP 25 1961

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Phinesville</u>		Length of stay in 1b <u>5</u> years	c. CITY OR TOWN <u>Phinesville</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Bessie Horner</u>			4. DATE OF DEATH Month Day Year <u>9-20-61</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-26-1887</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>		11. BIRTHPLACE (City and state or country) <u>Paulding Co. Ohio</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>B. J. Marshall</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Reid</u>		14. NAME OF HUSBAND OR WIFE <u>Ezra J. Horner</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>xs</u>		17. INFORMANT <u>Ezra J. Horner Phinesville Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cardiac decompensation</u>		<u>one week</u>
Arterial hypertension		<u>One year</u>
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Abdominal aortic aneurism Time unknown</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>6/25/61 m to 9/20/61</u>	20f. CITY, TOWN, OR LOCATION <u>Phinesville</u>	COUNTY <u>Clark</u>	STATE <u>Mo</u>
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at _____ <u>9:50 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>M. J. Hoerman D O</u>		22b. ADDRESS <u>Gainesville, Missouri</u>		22c. DATE SIGNED <u>9/23/61</u>
23a. BURIAL CREMATION, GENERAL (Specify) <u>Burial</u>	23b. DATE <u>9-22-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hilly Ridge</u>	23d. LOCATION (City, town, or county) (State) <u>Clark Co Mo</u>	
24. FUNERAL DIRECTOR <u>Clint Kingbeard Phinesville</u>		25. DATE RECD. BY LOCAL REG. <u>9-23-61</u>		REGISTRAR'S SIGNATURE <u>Thane Mahan</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John R. Wiley

Licensed Embalmer No. 48855

P. O. Address Hamersville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.